

| <b>ORDER FOR SUPPLIES OR SERVICES</b>  |                      |  |   |                          |   |                             |   |   |   | Page 1 Of 5  |  |
|--|----------------------|--|---|--------------------------|---|-----------------------------|---|---|---|--|--|
| <b>1. Contract/Purch Order/Agreement No.</b><br><br>DAAE07-00-D-M001   |                      |  | <b>2. Delivery Order/Call No.</b><br><br>0083   |                          | <b>3. Date Of Order/Call (YYYYMMDD)</b><br><br>2001JUN01  |                             | <b>4. Requisition/Purch Request No.</b><br><br>SEE SCHEDULE   |   | <b>5. Priority</b><br><br>DOA4  |  |  |
| <b>6. Issued By</b><br>TACOM<br>AMSTA-LC-CLEB-F<br>BARBARA FIANTACO (810)574-7226<br>WARREN, MICHIGAN 48397-5000<br><br>HTTP://CONTRACTING.TACOM.ARMY.MIL<br>EMAIL: FIANTACB@TACOM.ARMY.MIL  |                      |  |   | <b>Code</b><br>W56HZV    | <b>7. Administered By (If other than 6)</b><br>DCM BIRMINGHAM<br>BURGER PHILLIPS CENTER<br>1910 THIRD AVE. NORTH, RM 201<br>BIRMINGHAM, AL 35203-2376 |                             |   |   | <b>Code</b><br>S0101A   | <b>8. Delivery FOB</b><br><br><input type="checkbox"/> Destination<br><input checked="" type="checkbox"/> Other<br><br>(See Schedule if other) |  |
| <b>9. Contractor</b><br><br>Name and Address<br><br>CAMBER CORPORATION<br>635 DISCOVERY DRIVE<br>HUNTSVILLE, AL 35806<br><br>TYPE BUSINESS: Large Business Performing in U.S.  |                      |  | <b>Code</b><br>OMWW4  | <b>Facility</b><br>      | <b>10. Deliver To FOB Point By (Date) (YYYYMMDD)</b><br><br>SEE SCHEDULE  |                             |   | <b>11. X If Business Is</b><br><br><input type="checkbox"/> Small<br><input type="checkbox"/> Small Disadvantaged<br><input type="checkbox"/> Woman-Owned |   | <b>12. Discount Terms</b>  |  |
| <b>13. Mail Invoices To the Address in Block</b> See Block 15  |                      |  |   |                          | <b>14. Ship To</b><br>SEE SCHEDULE  |                             | <b>15. Payment Will Be Made By</b><br>DFAS-COLUMBUS CENTER<br>DFAS-CO/SOUTH ENTITLEMENT OPERATION<br>P.O. BOX 182264<br>COLUMBUS, OH 43218-2264 |   | <b>Mark all Packages and Papers with Identification Numbers in Blocks 1 and 2</b> |  |  |
| <b>16. Type of Order</b>   | <b>Delivery/Call</b> | <input checked="" type="checkbox"/>  | This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.  |                          |   |                             |   |   |   |  |  |
| <b>Purchase</b>  |                      |  | Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation, Dated _____, furnish the following on terms specified herein.   |                          |   |                             |   |   |   |  |  |
|  |                      |  | Acceptance. The Contractor Hereby Accepts The Offer Represented By The Numbered Purchase Order As It May Previously Have Been Or Is Now Modified, Subject To All Of The Terms And Conditions Set Forth, And Agrees To Perform The Same. |                          |   |                             |   |   |   |  |  |
| Name Of Contractor   |                      |  | Signature   |                          |   | Typed Name And Title        |   |   | Date Signed (YYYYMMDD)  |  |  |
| <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:   |                      |  |   |                          |   |                             |   |   |   |  |  |
| <b>17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE</b> SEE SCHEDULE  |                      |  |   |                          |   |                             |   |   |   |  |  |
| <b>18. Item No.</b>  |                      | <b>19. Schedule Of Supplies/Service</b><br>SEE SCHEDULE<br>CONTRACT TYPE:<br>Cost-Plus-Fixed-Fee |   |                          | <b>20. Quantity Ordered/ Accepted*</b>  |                             | <b>21. Unit</b>   | <b>22. Unit Price</b>   |   | <b>23. Amount</b>  |  |
|  |                      | KIND OF CONTRACT:<br>System Acquisition Contracts  |   |                          |   |                             |   |   |   |  |  |
| * If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.   |                      |  |   |                          | <b>24. United States Of America</b><br><br>By: STANLEY T. KULCZYCKI /SIGNED/<br>KULCZYCS@TACOM.ARMY.MIL (810)574-7004                                 |                             |   |   |   | <b>25. Total</b><br>\$123,609.87   |  |
| <b>26. Quantity In Column 20 Has Been</b><br><br><input type="checkbox"/> Inspected <input type="checkbox"/> Received <input type="checkbox"/> Accepted And Conforms To Contract Except As Noted<br><br>Date _____ Signature Of Authorized Govt Representative _____ |                      |  |   |                          | <b>27. Ship. No.</b><br><br><input type="checkbox"/> Partial<br><input type="checkbox"/> Final  |                             | <b>28. D.O. Voucher No.</b>   |   | <b>29. Differences</b>  |  |  |
| <b>36. I certify this account is correct and proper for payment</b><br><br>Date _____ Signature And Title Of Certifying Officer _____  |                      |  |   |                          | <b>31. Payment</b><br><br><input type="checkbox"/> Complete<br><input type="checkbox"/> Partial<br><input type="checkbox"/> Final                     |                             | <b>32. Paid By</b>  |   | <b>33. Amount Verified Correct For</b>  |  |  |
|  |                      |  |   |                          |   |                             |   |   | <b>34. Check Number</b>   |  |  |
|  |                      |  |   |                          |   |                             |   |   | <b>35. Bill Of Lading No.</b>   |  |  |
| <b>37. Received At</b>   |                      | <b>38. Received By</b>   |   | <b>39. Date Received</b> |   | <b>40. Total Containers</b> |   | <b>41. S/R Account Number</b>   |   | <b>42. S/R Voucher No.</b>   |  |
|  |                      |  |   |                          |   |                             |   |   |   |  |  |

|  |   |                           |
|--|---|---------------------------|
| <b>CONTINUATION SHEET</b>                                | <b>Reference No. of Document Being Continued</b><br><b>PIIN/SIIN</b> DAAE07-00-D-M001/0083 <b>MOD/AMD</b> | <b>Page</b> 2 <b>of</b> 5 |
| <b>Name of Offeror or Contractor:</b> CAMBER CORPORATION |   |                           |

SUPPLEMENTAL INFORMATION

|                   |  |
|-------------------|--|
| PROGRAM:          | OMNIBUS PROGRAM & ENGINEERING SUPPORT SERVICES |
| CONTRACT:         | DAAE07-00-D-M001/0083 OPT YR 1                 |
| PURPOSE OF ORDER: | EXERCISE OPTION YR 1 FOR 2,092 HOURS           |
| CURRENT AMOUNT:   | \$ .00   |
| THIS CHANGE:      | \$123,609.87                                   |
| TOTAL AMOUNT:     | \$123,609.87                                   |

1. This action is Task Order number 0083 issued pursuant to Contract DAAE07-00-D-M001.
2. The purpose of this order is to exercise option for 2,092 hours pursuant to Special Provisions H.1.1. This order will provide support to PM BCT in the area of Training Aids, Devices, Simulators and Simulations (TADSS) Development and implementation.
3. This is a unilateral order for 2,092 man-hours of level of effort, awarded on Cost Plus Fixed Fee basis in the amount of \$123,609.87. This includes \$114,739.79 cost and \$8,870.08 fixed fee.
4. The Contractor shall perform this order 0083 in accordance with the Scope of Work in Section C and Work Directive CAM-083.
5. The period of performance is from date of award through 31 May 02.

6. PAYMENT

The contractor shall submit monthly invoices for payment for work performed in the previous month.

7. INVOICE INSTRUCTIONS

In accordance with the Prompt Payment clause (FAR 52.232-25), the following additional invoice instructions apply to this contract. On each billing document prepared by the contractor, the CLIN/SUBCLIN applicable to that billing shall be specified. Where there is one ACRN applicable to the particular CLIN/SUB/CLIN being billed, the ACRN shall be specified as well.

8. PAYMENT INSTRUCTIONS FOR DFAS

- a. In accordance with the Prompt Payment clause (FAR 52.232-25), the following additional invoice instructions apply to this contract.
- b. The paying office shall pay each invoice only with the funds obligated under the CLIN/SUBCLIN specified on the voucher. Payments shall be made first from the oldest funds by fiscal year applicable to each individual CLIN. The oldest funds shall be disbursed in their entirety before proceeding to disburse the next ACRN.

Name of Offeror or Contractor: CAMBER CORPORATION

| ITEM NO | SUPPLIES/SERVICES  | QUANTITY | UNIT | UNIT PRICE | AMOUNT        |
|---------|--|----------|------|------------|---------------|
|         | SUPPLIES OR SERVICES AND PRICES/COSTS  |          |      |            |               |
| 0001    | <u>Supplies or Services and Prices/Costs</u>   |          |      |            |               |
| 0001AA  | <u>SERVICES LINE ITEM</u>  |          |      |            | \$ 123,609.87 |
|         | <p>NOUN: TADDS COORDINATOR SPT PM, BCT<br/>SECURITY CLASS: Unclassified<br/>PRON: X11GX065X1 PRON AMD: 01 ACRN: AA<br/>AMS CD: 311071</p> <p>Noun: Training Aids, Devices, Simulators<br/>and Simulations (TADSS) PM BCT</p> <p>Level of Effort: 2,092 Hours</p> <p>WD: CAM-083</p> <p>Estimated Cost: \$114,739.79<br/>Fixed Fee: 8,870.08<br/>Total Estimated Cost: \$123,609.87</p> <p>(End of narrative B001)</p> <p><u>Inspection and Acceptance</u><br/>INSPECTION: Destination ACCEPTANCE: Destination</p> <p><u>Deliveries or Performance</u><br/>DLVR SCH PERF COMPL<br/><u>REL CD</u> <u>QUANTITY</u> <u>DATE</u><br/>001 0 31-MAY-2002</p> <p>\$ 123,609.87</p> |          |      |            |               |

|  |   |                           |
|--|---|---------------------------|
| <b>CONTINUATION SHEET</b>                                | <b>Reference No. of Document Being Continued</b><br><b>PIIN/SIIN</b> DAAE07-00-D-M001/0083 <b>MOD/AMD</b> | <b>Page</b> 4 <b>of</b> 5 |
| <b>Name of Offeror or Contractor:</b> CAMBER CORPORATION |   |                           |

DELIVERIES OR PERFORMANCE

F.1 Period of Performance

Period of performance for the work set forth in WD CAM-083 is date of award thru 31 May 02.

\*\*\* END OF NARRATIVE F 001 \*\*\*

Name of Offeror or Contractor: CAMBER CORPORATION

CONTRACT ADMINISTRATION DATA

|             |                      |             |                                  |                                  |                             |        |  | JOB            |                |               |
|-------------|----------------------|-------------|----------------------------------|----------------------------------|-----------------------------|--------|--|----------------|----------------|---------------|
| LINE        | PRON/                | OBLG        |                                  |                                  |                             |        |  | ORDER          | ACCOUNTING     | OBLIGATED     |
| <u>ITEM</u> | <u>AMS CD</u>        | <u>ACRN</u> | <u>STAT</u>                      | <u>ACCOUNTING CLASSIFICATION</u> |                             |        |  | <u>NUMBER</u>  | <u>STATION</u> | <u>AMOUNT</u> |
| 0001AA      | X11GX065X1           | AA          | 2                                | 21                               | 12033000015R5R07P3110712512 | S20113 |  | 1GXP02         | W56HZV         | \$ 123,609.87 |
| 311071      |                      |             |                                  |                                  |                             |        |  |                |                |               |
|             |                      |             |                                  |                                  |                             |        |  | TOTAL          | \$             | 123,609.87    |
|             |                      |             |                                  |                                  |                             |        |  |                |                |               |
| SERVICE     |                      |             |                                  |                                  |                             |        |  | ACCOUNTING     |                |               |
| <u>NAME</u> | <u>TOTAL BY ACRN</u> |             | <u>ACCOUNTING CLASSIFICATION</u> |                                  |                             |        |  | <u>STATION</u> |                | <u>AMOUNT</u> |
| Army        | AA                   |             | 21                               | 12033000015R5R07P3110712512      | S20113                      |        |  | W56HZV         | \$             | 123,609.87    |
|             |                      |             |                                  |                                  |                             |        |  | TOTAL          | \$             | 123,609.87    |